

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/598601		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		(1)		1			55						
6		(1)		1			56						
7		1		1			57						
8		1		1			58						
9		(1)		1			59						
10		(1)		1			60						
11		(1)		1			61						
12		(1)		1			62						
13		(1)		1			63						
14		(1)		1			64						
15		(1)		1			65						
16		(1)		1			66						
17		(1)		1			67						
18		(1)		1			68						
19		(1)		1			69						
20		(1)		1			70						
21		(1)		1			71						
22		(1)		1			72						
23		(1)		1			73						
24		(1)		1			74						
25		(1)		24			75						
26		(1)		24			76						
27	1						77						
28		1					78						
29		1					79						
30		3					80						
31		(1)					81						
32		(1)					82						
33		(1)					83						
34		(1)					84						
35		(1)					85						
36		(1)					86						
37		(1)					87						
38		(1)					88						
39		(1)					89						
40		(1)					90						
41		(1)					91						
42		(1)					92						
43	1						93						
44		1					94						
45		2					95						
46		2					96						
47		(1)					97						
48		(1)					98						
49		(1)					99						
50		(1)					100						
TOTAL IND.	3	↓	1	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	53	←	71	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	56		72		0		TOTAL CLAIMS	0		0		0	

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